

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No.																			
2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced) Standard MWR NAF PD																			
3. Service					4. Employing Office Location														
5. Duty Station					6. OPM Certification No.														
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt					8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest														
9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)														
11. Position Is <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither					12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive														
13. Competitive Level Code					14. Agency Use NAF														
15. Classified/Graded by		Official Title of Position			Pay Plan		Occupational Code		Grade		Initials		Date						
a. Office of Personnel Management																			
b. Department, Agency or Establishment																			
c. Second Level Review		Clerk-Typist			NF		0322		01		52		12-31-01						
d. First Level Review																			
e. Recommended by Supervisor or Initiating Office																			
16. Organizational Title of Position (if different from official title)										17. Name of Employee (if vacant, specify)									
18. Department, Agency, or Establishment										c. Third Subdivision									
a. First Subdivision										d. Fourth Subdivision									
b. Second Subdivision										e. Fifth Subdivision									
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.										Signature of Employee (optional)									
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that										this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.									
a. Typed Name and Title of Immediate Supervisor										b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)									
Signature					Date					Signature					Date				
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.										22. Position Classification Standards Used in Classifying/Grading Position									
Typed Name and Title of Official Taking Action S. J. NEW Principal Classifier										OPM PCF Clerk-Typist GS-0322 TS-100 Nov 90, Grade Level Guide Clerical & Asst Work TS-91 Jun 89 Typing grade Eval Guide TS100.									
Signature										Date									
23. Position Review										Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.									
a. Employee (optional)		Initials		Date		Initials		Date		Initials		Date		Initials		Date			
b. Supervisor																			
c. Classifier																			
24. Remarks																			
25. Description of Major Duties and Responsibilities (See Attached)																			

NONAPPROPRIATED FUND POSITION DESCRIPTION JOB TITLE: Clerk-Typist **POSITION NUMBER**
01-0104 **JOB SERIES:** 0322 **PAY LEVEL:** NF-1 **Summary of Duties:**

Types a variety of routine material regularly used in day to day operation, such as daily correspondence, daily/monthly reports, memos, purchase orders, invoices, mailing lists, procurement contracts, directives, etc.

Performs general clerical duties such as answering telephone, filing, distributing mail, etc.

Performs other related duties as assigned.

Minimum Qualifications:

Skill of a fully-qualified typist. Basic knowledge of grammar, spelling, capitalization, and punctuation. Knowledge of basic formats, forms, and common office terminology. Six months of experience is preferred.